

FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9833

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
626 North Main St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)  
In this community 60 Years

3. (a) PRINT FULL NAME RUDOLPH H. SMITH

3. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Tima V. Smith 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased November 20, 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Hamburg, Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name George W. Smith  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Schroder  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Tima V. Smith  
(b) Address 626 N. Main, Richmond, Mo.

17. (a) Burial (b) Date thereof March 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cowgill, Missouri

18. (a) Signature of funeral director Thurman Funeral Home  
(b) Address 627 E. Main, Richmond, Missouri

19. (a) March 9, 1948 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. 626 N. Main St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th  
year 1948 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from 3-5-48, 19, to 3-6-48, 19;  
that I last saw him alive on 3-6-48, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 1 day

Due to

Due to

Other conditions Influenza Influenza 3 days  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 33A  
Of autopsy  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury 0

23. Signature Thos. J. Conner M. D. & Co. Address Richmond, Mo. Date signed 3-9-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-18-48

APR 4 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William L. Thurman

, Registered Apprentice No. 65

working under my personal supervision.

Signed.....

W. L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.